## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS RECEIVED Official Use Only FAIR POLITICAL COVER PAGE PRACTICES COMMISSION

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N	AME OF FILER	(LAST)	(FIRST)	(MIDDLE)	
الله الله الله الله الله الله الله الله		Beck	Robert	Owen	
1	. Office, Agency, o	or Court			
**************************************	Agency Name				
	City of Reedley				
	Division, Board, Departr	ment, District, if applicable	Your Position		
			Council Member	·	
	► If filing for multiple po	ositions, list below or on an attachment.			
	Agency:		Position:	<u> </u>	
2	. Jurisdiction of C	Office (Check at least one box)			
	State	·	☐ Judge (Statewide Jurisdic	tion)	
	Multi-County		_ County of		
	City of Reedley		_ Other	W. C. C.	
_	•		<del></del>		
J.		nt (Check at least one box)	a.		
	2010or-	d covered is January 1, 2010, through December	31, Leaving Office: Date Le (Check one)	ert	
	= -	ered is/, through December 3	O The period covered is leaving office.	January 1, 2010, through the date of	
	■ Assuming Office:	Date 10 , 11 , 11	<ul> <li>The period covered is of leaving office.</li> </ul>	s/, through the date	
	Candidate: Election Year Office sought, if different than Part 1:				
_					
4.	Schedule Summa	<b>▼</b>			
	Check applicable sche	dules or "None."	► Total number of pages including	this cover page:	
	=	estments - schedule attached	<del>-</del>	& Business Positions - schedule attached	
		estments – schedule attached  Property – schedule attached	Schedule D - Income - Gifts -		
	Schedule b - Real	•	Schedule E - Income - Gins -	Travel Payments – schedule attached	
	-or- None - No reportable interests on any schedule				
_			roote on any concodic		
				-	
				-	
	horoin and in any attache	ed schedules is true and complete. I acknowledg	o this	<b>p</b> i	
	_	of perjury under the laws of the State of Califo			
			14FISA		
	Date Signed	0/24/2011	Sign		
_	-	(month, day, year)			

## SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	

Name

Robert Owen Beck

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ameriprise Financial	P WANTE OF BOOMEDO ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment Financial Institute	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	\$2,000 - \$10,000  \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT IRA - Portfolio  Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	<del> </del>
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)	Partnership   Income Received of \$0 - \$499   Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 10 / / 10 ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
- I I I I I I I I I I I I I I I I I I I	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)  Partnership O Income Received of \$0 - \$499	(Describe)  Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	